

**IN THE DISTRICT COURT OF THE UNITED STATES
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

UNITED STATES OF AMERICA

v.

STANLEY SARGENT

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CR. NO. 2:08cr63-WKW

MOTION FOR LEAVE TO DISMISS INDICTMENT

Comes now the United States of America by and through its Attorney for the Middle District of Alabama and moves the Court for leave to dismiss the Indictment heretofore filed on March 14, 2008, in the above styled cause, on the following grounds, to wit:

Death of defendant. *See* Exhibit 1.

Respectfully submitted this the 5th day of August, 2008.

Respectfully submitted,

**LEURA GARRETT CANARY
UNITED STATES ATTORNEY**

/s/ Christopher A. Snyder
CHRISTOPHER A. SNYDER
Assistant United States Attorney
131 Clayton Street
Montgomery, Alabama 36104
Telephone: (334) 223-7280
Fax: (334) 223-7135

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CERTIFICATE OF SERVICE

I hereby certify that on August 5, 2008, I electronically filed the foregoing with the Clerk of Court, using the CM/ECF system, which will send notification of such filing to Aylia McKee, Esq.

Respectfully submitted,
LEURA G. CANARY
UNITED STATES ATTORNEY

/s/ Christopher A. Snyder
CHRISTOPHER A. SNYDER
Assistant United States Attorney
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Montgomery, Alabama 36104
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ALABAMA

Center for Health Statistics

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ALABAMA

CERTIFICATE OF DEATH

08-17715

TYPE IN PERMANENT
BLACK INK. DO NOT
USE GREEN, RED, OR
BLUE INK.

County
File
Number

State File Number 101

1. DECEASED—NAME First Middle Last (Type last name all capitals) STANLEY PHILLIP SARGENT			2. DATE OF DEATH (Month, Day, Year) MAY 17, 2008		3. COUNTY OF DEATH MONTGOMERY	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE MONTGOMERY 36106			5. INSIDE CITY LIMITS (Specify Yes or No) YES		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) JACKSON HOSPITAL	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) INPATIENT			8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc. NO		9. RACE—(Specify American Indian, Black, White, etc.) WHITE	
10. SEX MALE			11. AGE 60 YRS.		12. UNDER 1 YEAR UNDER 1 DAY	
13. DATE OF BIRTH (Month, Day, Year) 1948			14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]		15. EDUCATION (Specify ONLY highest grade completed below) 12	
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) MARRIED			17. SURVIVING SPOUSE (If wife, give maiden name) GLORIA WERNER		18. Was Decedent ever in Armed Forces (Specify Yes or No) YES	
19. STATE OF BIRTH (If not in USA, name country) GEORGIA			20. RESIDENCE—STATE ALABAMA		21. COUNTY MONTGOMERY	
22. CITY, TOWN, OR LOCATION AND ZIP CODE MONTGOMERY 36106			23. INSIDE CITY LIMITS (Specify Yes or No) YES		24. STREET AND NUMBER [REDACTED]	
25. INFORMANT—Name and Address GLORIA SARGENT CLINTON, IOWA			26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) PROGRAMMER ANALYST		27. KIND OF BUSINESS OR INDUSTRY QBE REGIONAL INS.	
28. FATHER—NAME First Middle Last LUTHER CLAYTON SARGENT			29. MOTHER—NAME First Middle Last MARTHA BEATRICE BUFORD		30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) CREMATION	
31. DATE OF DISPOSITION (Month, Day, Year) MAY 20, 2008			32. CEMETERY OR CREMATORY—Name SOUTHERN MEMORIAL		33. LOCATION—(City or Town—State) MONTGOMERY, AL	
34. FUNERAL HOME—Name and Address SOUTHERN MEMORIAL, MONTGOMERY, AL			35. FUNERAL DIRECTOR—Signature [Signature]		36. DATE SIGNED BY FUNERAL DIRECTOR MAY 24, 2008	
37. <input checked="" type="checkbox"/> Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time and date, and (due to the cause(s) and manner stated." Medical Examiner — Coroner Signature: [Signature]			38. DATE SIGNED (Month, Day, Year) 05/18/2008		39. TIME AND DATE OF DEATH 2044 05/17/2008	
40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only) 05/17/2008			41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 40) R. NOLAN V. DE JESUS		42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 40) 1725 PINE ST MONTGOMERY AL 36106	
43. REGISTRAR—Signature [Signature]			44. DATE FILED (Month, Day, Year) MAY 28 2008		45. CERTIFIER LICENSE NUMBER 18352	

MEDICAL CERTIFICATION

46. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → RESPIRATORY FAILURE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (OR AS A CONSEQUENCE OF): IDIOPATHIC PULMONARY FIBROSIS				
DUE TO (OR AS A CONSEQUENCE OF): DIABETES MELLITUS				
DUE TO (OR AS A CONSEQUENCE OF): ATRIAL FIBRILLATION				
47. PART II. Other significant conditions contributing to death but not resulting in the underlying state given in Part I. ATRIAL FIBRILLATION, DIABETES MELLITUS			48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.) NO	
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) NATURAL CAUSE			50. AUTOPSY (Specify Yes or No) NO	
51. If yes, were findings considered in determining cause of death? (Specify Yes or No) NO			52. HOW INJURY OCCURRED (Enter nature of injury in item 48, Part I or item 47, Part II) [REDACTED]	
53. DATE OF INJURY (Month, Day, Year) [REDACTED]			54. HOUR OF INJURY [REDACTED]	
55. INJURY AT WORK (Specify Yes or No) NO			56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.) [REDACTED]	
57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State) [REDACTED]				

This is a legal record and must be filed within five (5) days after death.

MAY 28 2008

ADPH-HS 2/Rev. 11-83

I, Dorothy S. Harshbarger, State Registrar of Health Statistics, certify this is a true and exact copy of the original certificate filed in the Center for Health Statistics, State of Alabama, Department of Public Health, Montgomery, Alabama, and have caused the official seal of the Center for Health Statistics to be affixed. 2008-309-140-6

June 26, 2008

Dorothy S. Harshbarger, State Registrar

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ORDER

Upon consideration of the Motion for Leave to Dismiss the Indictment filed on March 14, 2008, heretofore filed in the above styled cause, and for good cause shown, the Court is of the opinion that the motion should be and the same hereby is granted. It is, therefore, CONSIDERED, ORDERED, ADJUDGED AND DECREED by the Court that said motion be and the same is hereby granted.

DONE this ____ day of August, 2008.

UNITED STATES DISTRICT JUDGE

DISMISSAL OF INDICTMENT

Comes now the United States of America with leave of the Court first had and obtained and dismisses the Indictment heretofore filed on March 14, 2008, in the above styled cause.

Respectfully submitted,

LEURA GARRETT CANARY
UNITED STATES ATTORNEY

/s/ Christopher A. Snyder
CHRISTOPHER A. SNYDER
Assistant United States Attorney
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